

# 2019 GRA Sideline Cheer

## 9 – 12th grade, Girls/Boys

**Registration:** \$30.00 (make checks payable to G.R.A.)

**Cheer Team Communication:** For Cheer Team Updates please join Varsity Cheer 2019. Text the message @govikesgo1 to the number 81010.

**First Practice/Registration:** August 26, 2019 3:30pm- 5pm @ HS Football Field

**Parents Meeting:** August 26, 2019 5pm @ HS Football Field

**Uniform Deposit:** \$60 refundable (Uniform rental agreement must be signed)

**Registration, Physical & Emergency Forms must be turned in before first practice.**

(One form per participant- please print clearly)

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NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

The undersigned agrees to hold harmless, indemnify, and pay any attorney fees of the G.R.A. and the state of Michigan, its servants, agents and employees from any claims or demands that I may have of whatever kind and nature arising out of activities at or use of the premises controlled by the G.R.A. In the event of an emergency, I give my permission for my son/daughter to be placed under the care of a qualified doctor or nurse.

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Parent/ Guardian Signature

Date

Office Use: Paid Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash/Check/Card

# Athletic Medical Treatment Consent Form & Emergency Information Sheet

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_  
recognize that as a result of athletic participation, medical treatment on an emergency basis may be  
necessary and further recognize that school personnel may be unable to contact me for my consent  
for emergency medical care, I do hereby consent in advance to such emergency care, including  
hospital care, as may be deemed necessary under the then existing circumstances and to assume  
the expenses of such care.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

## Emergency Information (To be completed by parent/guardian)

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

In Emergency, contact:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

My family doctor is \_\_\_\_\_

Phone \_\_\_\_\_

Please list any special medical information (allergies, known drug reaction, current prescribed  
medication, current medical condition(s) if any etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian